

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2089AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2009
NAME OF PROVIDER OR SUPPLIER THE PLAZA AT SUN MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 6031 WEST CHYENNE AVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a medication re-survey conducted at your facility from 3/26/09 to 4/9/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 150 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, 50 Category I, and 100 Category II residents. The following deficiencies were identified:	Y 000		
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by:	Y 878		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 878	<p>Continued From page 1</p> <p>Based on interview and record review from 3/26/09 to 4/9/09, the facility failed to ensure 6 of 20 residents received their medications as ordered (Resident #1, #2, #3, #4, #5 and #6).</p> <p>Findings include:</p> <p>Resident #1- Armour Thyroid, 60 milligrams (mg), two tablets every day - Noted in the March medication administration record (MAR) as not available 3/1/09 and 3/2/09.</p> <p>Resident #2 - Seroquel 50 mg, one at bedtime prescribed on 3/3/09 - Noted as not given on 3/4/09 and 3/5/09 because the son had not delivered the medication. Noted as delivered on 3/6/09 and given on 3/6/09 and 3/7/09 but not given on 3/8/09 because "still waiting on pick up."</p> <p>Resident #3 - Xalatan 0.005% eye drops, one drop in both eyes at bedtime for glaucoma - Noted as not given on 3/4/09 and 3/5/09 as waiting for refill. Refill was ordered on 2/24/09.</p> <p>Resident #4 - Calcium Carbonate 500 mg, one every day - Noted as not given on 3/16/09 because it was not available. The pharmacy was faxed on 3/9/09 and 3/16/09.</p> <p>Resident #5 - Potassium Chloride 10 meq, one every day - Noted as not given on 3/24/09 and 3/25/09 as they were waiting for the re-fill.</p> <p>Resident #6 - Celebrex 200 mg, one every day - Noted as not given on 3/5/09 as they were waiting for the re-fill.</p> <p>- Ranitidine HCL 150 mg, one at bedtime - Noted as not given on 3/1/09 and 3/2/09 because the daughter had not delivered the medication.</p> <p>- Actonel 35 mg, one weekly before breakfast -</p>	Y 878		

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Y 878	<p>Continued From page 2</p> <p>Noted as not given on 3/15/09 because none was available. Staff faxed a refill order the pharmacy at 10:35 AM on 3/15/09.</p> <p>This is a repeat deficiency from the 10/8-9/08 annual State Licensure survey.</p> <p>Severity: 2 Scope: 2</p>	Y 878			

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